

Waterville Police Department Bad Check Work Sheet

1. When accepting a check from a customer you should write the license number on the check. If the license is from out of state you should include the state the license of ID is from.
2. The customer's date of birth should be written on the check.
3. Verify the address and phone number.

Note: The information will aid me in helping you. If I do not have this information, I still can still assist you but my options may be limited.

4. Mail a certified letter requesting payment with the attached 5-Day Notice (See next page). Save the receipt as I can recover this cost. If the letter is accepted, include the green card, return receipt, with the receipt of the cost with the bad check report. If the letter is not accepted, return the letter with green receipt still attached and receipt of cost to me with the bad check report.
5. Fill out bad check report.

Note: If at any time you accept payment, you must notify me immediately.

6. Return the bad check report, certified letter, receipts and original check to me.

If you have any questions, please feel free to call or leave voice mail.

Officer Steven Brame
Waterville Police Department
1 Common St.
Waterville, ME 04901

207-680-4700

FIVE DAY NOTICE

(name and address of account holder)

My business, _____, has received check(s) from you which have been returned by the bank. The check(s) are numbered _____ and are made out in the amount(s) of \$_____.

Please mail a certified check or money order to my business or stop by in person to pay in cash if you would prefer. The full amount due, including fees is \$_____.

Please be advised that this letter constitutes your five-day notice required by Maine State Law (Title 17A sub. 708).

If this matter is not resolved within the prescribed five days it may be deemed prima facie evidence that fraud was intended at the time the check was issued. At the end of the five days we will refer this matter to the Waterville Police Department for criminal prosecution. Please contact us as soon as possible to avoid this action.

Dated: _____

Signed: _____

BAD CHECK REPORT

To be completed by the Complainant

Business Name: _____

Business Address: _____

Business Phone: _____

Person making report: _____

Job Title: _____

Home Address: _____

Home Phone: _____

Check information

Full address of place where check was accepted _____

Check Number: _____ Amount of Check: \$ _____ Date _____

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Any service charge imposed on the business: YES ____ NO ____ \$ _____

Information on Check Receiver

(To be completed by the person who actually received the check.)

Your name: _____

Home address: _____

Home phone: _____

(2)

Name of the person who presented the check: _____

Description of the person passing the check: Race____ Age____ Height____

Weight____ Hair color____ Hair length____ Other_____

Phone number of passer:_____

Address given by passer_____

Was photo identification used?: Yes ____ No____ If yes, please provide

Driver's license number _____ State_____

Other identification used: _____

As the person who accepted the check, can you identify the passer?

Yes ____ No ____ If yes, how?

Did the passer write the check and/or endorse the check in your presence?

Yes____ No____

Did you initial, mark, or write on the check at the time you accepted it?

Yes____ No____ If yes, what? _____

Did the passer make any statements about the check? (If Yes, What)

Description of automobile used: Make _____ Model _____

Color _____ Other Vehicle Info. _____

License Plate Number _____ State _____

Description of any other person(s) with the passer, include name if known:

Name and phone number of other witnesses to the transaction:

1) _____

2) _____

Receiver Information Continued:

Do you remember the transaction? Yes _____ No _____

Was the passer known to you? Yes _____ No _____ If yes, how?

What did the passer obtain in exchange for the check?

(a) Credit for a bill (b) Cash, amount: \$ _____ (c) Service (d) Merchandise
(please list) _____

Was the check post-dated and/or did the passer ask you to hold the check to a
future date? Yes _____ No _____

Was there any conversation regarding the passer's ability to pay the check at the
time it was presented? Yes _____ No _____ If yes, what? _____

Collection information: (To be filled out by the person making the report)

Please detail what steps you or your employees have taken to contact the suspect and recover your losses _____

What conversation have you or someone on your behalf had with the passer regarding the passer's ability to pay the check.? _____

By whom: _____

When: _____

Where: _____

Results: _____

Has the passer attempted to make restitution? Yes ____ No ____ If so, please detail: _____

Have you successfully served a 5-day statutory bad check notice on the passer?

Yes ____ No ____ If yes, how?:

() Certified Mail # _____ () Personal Service.

If not served, the reason why: _____

Do you feel that the passer of the check intended to defraud you when

he/she passed the check: Yes ____ No ____

Have you retained an attorney or turned this matter over to a collection agency in an attempt to collect the check? Yes_____ No_____ If so, whom:_____

Was there any dispute over the quality of goods or service received by the passer? Yes_____ No_____ If yes, please describe: _____

Note: Please indicate anything you feel would help in locating and prosecuting this person._____

The decision whether or not to prosecute this individual will be made by a representative of the District Attorney's Office who will take into account numerous factors including what evidence exists of intent to defraud, identification and the availability of necessary bank records. Criminal prosecution does not guarantee restitution as prosecution is designed to punish, not to collect debts. If you agree to prosecute this defendant, you cannot drop the charge if he/she offers to pay the check. If a criminal case cannot be proven, the check will be returned to you UPON REQUEST.

I hereby understand and agree that all the information contained in this document is to be used by and disseminated among all law enforcement agencies, the Office of the District Attorney and the Courts. I also understand and agree that this check is being submitted for criminal prosecution and that if criminal prosecution is instituted, it will be necessary for those persons having knowledge of the facts to appear and testify in court.

I hereby certify that no one has accepted full or partial restitution for this particular check as of this date, and I further agree, I will notify the Office of the District Attorney and the law enforcement department if restitution is made.

I hereby certify that I have read and understand the directions for this form, and that all of the facts written herein are to the best of my knowledge, true, accurate, and complete. Further, I am aware that a person who KNOWINGLY makes false written statements which he knows are not true, is subject to prosecution of a crime punishable as a Class D crime under 17A, M.R.S.A. S453.

Date_____

Name (please print)_____

Signature_____

Title_____